 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	Reg. No. 7,179,191
	Confirmation Number	
	Filing Date	February 20, 2007
	First Named Inventor	Gabor DIOSI, Josef HAUPT and Martin BREHMER
	Group Art Unit	3681
	Examiner Name	Dirk WRIGHT Fax: (571) 273-8300
Total No. of Pages in this Submission: 9		Attorney Docket Number ZAHFRI P539US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$100.00 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <input type="checkbox"/> (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) <input type="checkbox"/> New Sheet of Fig. 3 [1] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> <input type="checkbox"/> Request for Refund <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> <input type="checkbox"/> Status Letter <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Certificate of Correction of Patent for Applicant's Mistake (37 CFR 1.323) - 3 pgs. Certificate of Correction (In dupl) - 1 pg Postcard
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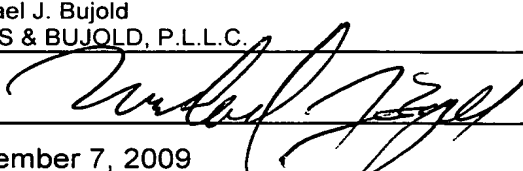
Certificate

REMARKS

DEC 11 2009


of Correction

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 7, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 7, 2009

Signature		Date: December 7, 2009 (aag)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

DEC 10 2009

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/633,409
August 1, 2003
Gabor DIOSI, Josef HAUPT and
Martin BREHMER
Dirk WRIGHT
3681

Attorney Docket No.

ZAHFRI P539US

TOTAL AMOUNT OF PAYMENT: \$100.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$52/\$26 =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u>
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$220/\$110 =	<u>Fee Paid (\$)</u>		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

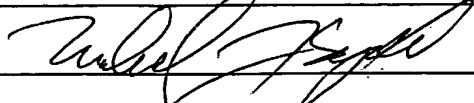
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> \$270/\$135 =	<u>Fee Paid (\$)</u>
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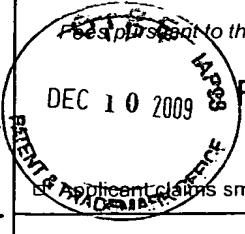
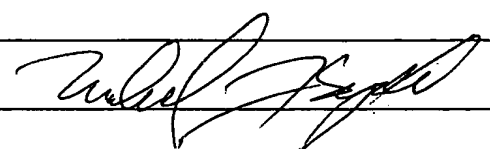
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____
Other (e.g., late filing surcharge): Fee for Certificate of Correction \$100.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 7, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Effective on 12/08/2004. Fees prescribed by the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> </div> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width: 50%; vertical-align: top;"> 10/633,409 August 1, 2003 Gabor DIOSI, Josef HAUPT and Martin BREHMER Dirk WRIGHT 3681 </td> </tr> <tr> <td style="vertical-align: top;">Attorney Docket No.</td> <td style="vertical-align: top;">ZAHFRI P539US</td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/633,409 August 1, 2003 Gabor DIOSI, Josef HAUPT and Martin BREHMER Dirk WRIGHT 3681	Attorney Docket No.	ZAHFRI P539US
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/633,409 August 1, 2003 Gabor DIOSI, Josef HAUPT and Martin BREHMER Dirk WRIGHT 3681						
Attorney Docket No.	ZAHFRI P539US						
TOTAL AMOUNT OF PAYMENT: \$100.00							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C.</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES	SEARCH FEES	EXAMINATION FEES				
	Fee (\$) <u>Small Entity</u> Fee (\$)	Fee (\$) <u>Small Entity</u> Fee (\$)	Fee (\$) <u>Small Entity</u> Fee (\$)				
Utility	330 165	540 270	220 110				
Design	220 110	100 50	140 70				
Plant	220 110	330 165	170 85				
Reissue	330 165	540 270	650 325				
Provisional	220 110	0 0	0 0				
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	52	26					
Each independent claim over 3 (including Reissues)	220	110					
Multiple dependent claims	390	195					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____ -20 or HP =	_____ x	\$52/\$26 =	_____				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
_____ -3 or HP +	_____ x	\$220/\$110 =	_____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)				
_____ -100 =	_____ / 50 =	_____ (round up to a whole number) x	\$270/\$135 =				
4. OTHER FEE(S)							
			Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)			_____				
Other (e.g., late filing surcharge): <u>Fee for Certificate of Correction</u>			<u>\$100.00</u>				
SUBMITTED BY							
Signature			Telephone (603) 226-7490				
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: December 7, 2009				